Evidence-Based Practice Performance Improvement Project

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Project Funded by the

TriService Nursing Research Program

The charge from TSNRP was to develop a Pod project designed to help nurses translate research/evidence into practice in order to enhance nursing care and improve patient outcomes.

Purpose of this Project

Walter Reed Army Medical Center (WRAMC) and National Naval Medical Center Bethesda (NNMC) are working collaboratively to:

1. To Train personnel at WRAMC and NNMC in the development and implementation of evidence-based nursing practice protocols
2. To develop and implement 3 different evidence-based protocols each at WRAMC and NNMC
3. To have WRAMC and NNMC trained personnel assume a future consultative role for smaller MTFs in the development and implementation of evidence-based protocols.

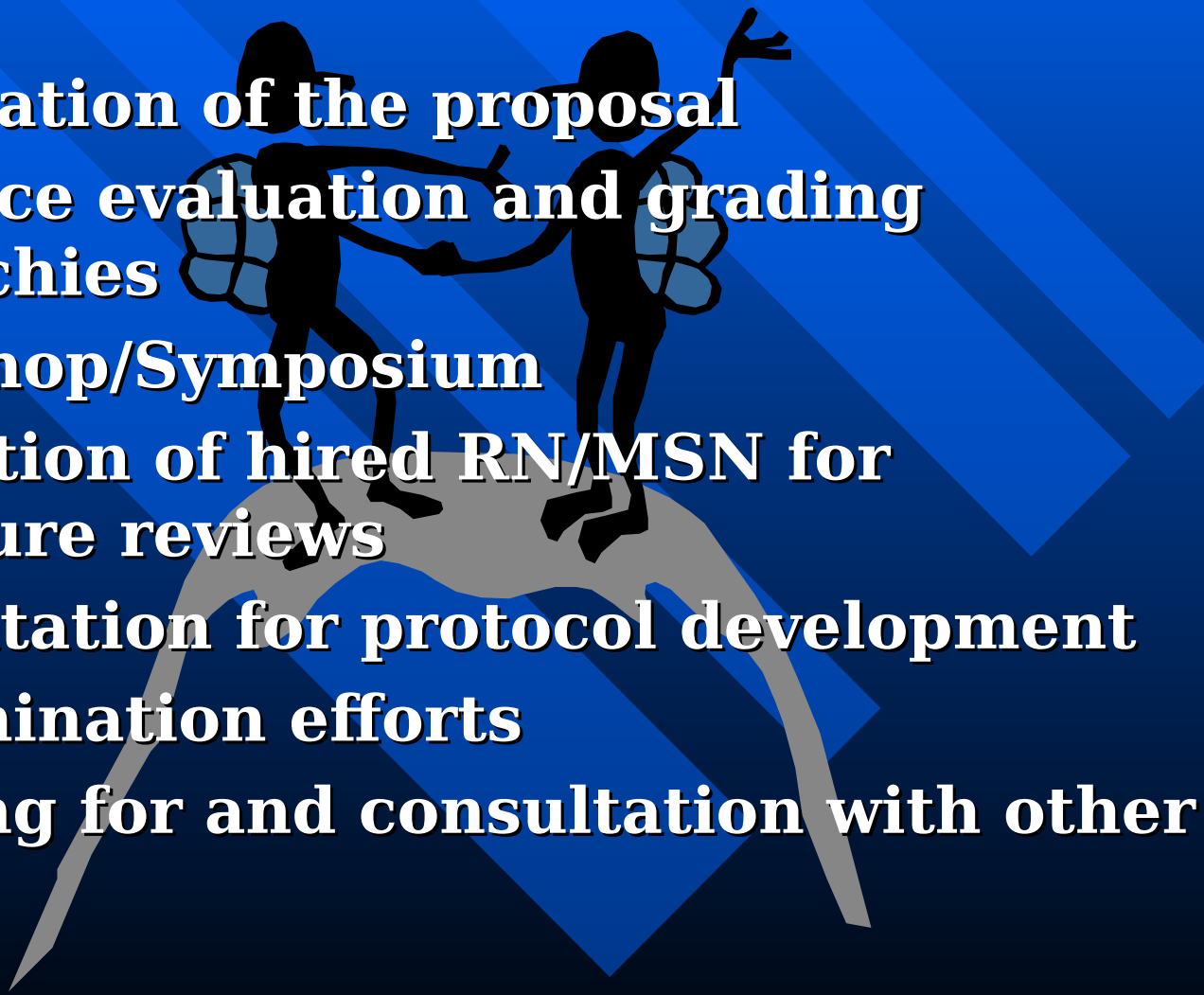
Why is this so Important?

- There is a gap between what we know and what we do.
- Nursing practice can and must be changed from tradition-based to science-based
- Evidence-Based Practice can improve Patient Outcomes
- Empowers the RNs and expands their skills set
- JCAHO will soon require evidence-based practice initiatives

Three Year Project

- Phase I (21 Months)
  - Training by Dr. Titler (done 27-29 Oct 2003)
  - Development of three evidence based protocols
    - MSN RN hired (50% at each facility) to do literature searches, review and synthesis of literature, assist in protocol development
  - Consultation with Dr. Titler after one year
- Phase II (15 Months)
  - Training of personnel at smaller MTFs within region
  - Consultation to smaller MTFs for protocol development
  - Dissemination of our success

Collaborative Efforts



- **Preparation of the proposal**
- **Evidence evaluation and grading hierarchies**
- **Workshop/Symposium**
- **Utilization of hired RN/MSN for literature reviews**
- **Consultation for protocol development**
- **Dissemination efforts**
- **Training for and consultation with other MTFs**

Iowa Model of Evidence-Based Practice to Promote Quality Care

- Based on “triggers” for needed change in practice
- Incorporates different types of evidence
- Incorporates the collection of data during the process
- Uses continuous evaluation to monitor progress within the organization
- Emphasizes dissemination of results

Adapting The Model for Use

- WRAMC currently uses the Focus PDCA model for performance improvement projects. The staff is familiar with it. The Iowa model will be adapted to fit within this framework.
- NNMC will use the Iowa Model as adapted for its own use.

Garnering Support

- Chief Nurses
- Nurse Managers
- Advanced Practice Nurses
- Staff RNs
- Other health professionals (MDs, PT, Nutrition, etc.)

Topic Areas to be Developed

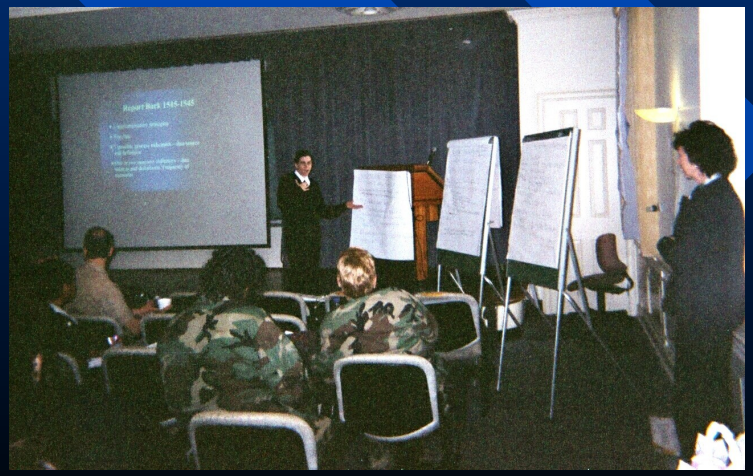
- WRAMC
  - Pressure Ulcer Care
  - Enteral Feedings
  - DVT/PE Prevention
- NNMC
  - Pain Management
  - Central Line Care
  - Neonatal Tactile Stimulation and Thermoregulation

Timeline

Oct 03
Oct 04
Oct 05
Oct 06
Initial Training
Literature Reviews and Syntheses
Protocol 1 Development
Protocol 2 Development
Protocol 3 Development
Dissemination and Small Facility Trainin
= Protocol Performance Improvement Data Collection Points
= Research Utilization Process Data Collection Points

Training by Dr. Marita Titler

- ½ Day Overview of Evidence-Based Practice for general audience
  - attended by 71 nurses from WRAMC and NNMC
- 2 ½ Day Intensive Training targeted to Advanced Practice Nurses who will act as Champions for the practice guideline development and implementation
  - attended by 10 nurses from NNMC and 13 from WRAMC
- Evaluations were extremely positive



Protocol Teams

- Teams comprised of the trained APNs, RNs and other nursing personnel will be formed for each protocol. MDs are expressing interest. Multi- disciplinary input will be sought for the protocols
- Planning work has already been ongoing since Jan 04 for the first protocol to be developed at each site
  - WRAMC - Pressure Ulcer Care
  - NNMC - Pain Management
- LTC Kenny and CDR Richard are acting as group facilitators and provide necessary guidance and support for each team's success

Data Collection

- At WRAMC, surveys exploring attitudes toward Research Utilization and perceptions of Organizational Innovativeness were distributed. Of 900 sent, 189 (21%)were returned with 188 (20.9%) having usable data.

Demographics

Position	RN	132 (70.2%)
	LPN or CNA	56 (29.8%)
Basic Nursing Education	ADN	26 (18.7%)
	Diploma	9 (6.5%)
	BSN	104 (74.8%)
Highest nursing Education	ADN	18 (12.9%)
	BSN	103 (73.6%)
	MSN	14 (10%)
	Other	2 (1.4%)
Gender	Male	49 (26.2%)
	Female	138

Descriptives

	Range	Min.	Max.	Mean	SD
Experience-Years in Nursing		0	40	11.02	9.92
Experience-Years at Hospital		0	34	3.99	5.86
Interest Groups		0	3	1.22	.91
Journals Read		0	5	1.64	.97
RU-Unit Culture	7-35	11	34	25.45	4.05
RU-Organizational Culture	7-35	8	33	20.47	4.74
RU-Nursing Knowledge and Skills	2-10	2	10	7.21	1.44
Perceived Innovativeness	20-140	73	139	105.82	13.53

Correlations

- There was a positive correlation between nurses' perceptions of their ability to read and understand research and their innovativeness scores
- There were positive correlations between number of journals read and number of interest groups belonging to and attitudes toward research utilization
- There were no correlations between nursing education (either basic or highest) and any of the research utilization measures and innovativeness

Swapping with Adaptation

- Once protocols are developed, implemented and evaluated within their own facilities, WRAMC and NNMC will trade the protocols and adapt them for use.

Dissemination

- Members from each team will be encouraged to submit poster and presentation abstracts
- Assistance will be given for journal articles if desired by the teams

Phase II Roles with Smaller MTFs

- LTC Kenny and CDR Richard will act as consultants for smaller MTFs

- Trained APNs can assist with adaptation and implementation of already developed protocols or development of new protocols

- As WRAMC and NNMC nurses move to other MTFS, they can take EBP skills with them

Studying the Natural Process: Translational Research

- A proposal has been submitted to collect and analyze both quantitative and qualitative data to examine the process of putting evidence into practice in an effort to determine how it can better be facilitated.

Lessons Learned so far:

- **PROBLEM:** IRBs always take longer than expected. There was some difficulty in understanding that this was both a performance improvement project and a research study.
- **SOLUTION:** Make your proposal crystal clear and be sure to separate out the performance improvement from the research

Lessons Learned so far:

- **PROBLEM:** Decline in the momentum
- **SOLUTION:** You have to be sensitive to the many directions people are pulled in. Rewards are great motivators. Be creative with them. We are giving CEUs for literature reviews (2 hrs/article) and spending some time at each meeting teaching the research process.

Lessons Learned so far:

- **PROBLEM:** Attrition of the Core Team
- **SOLUTION:** Allow people to back out, but keep the door open for them to re-enter the group or for you to "consult" them for their expertise. Be on the lookout for other interested people. This means getting out to the wards and advertising your cause.

The BIG Question

How do you get the ball rolling fast enough to be self-sustaining?

You just have to keep moving forward

Questions

If you would like a copy of these slides, please e-mail me at deborah.kenny@na.amedd.army.mil or call at (202) 782-7025